

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: CENTERLINE INDUSTRIES, INC.
ATTN: ENVIRONMENTAL MANAGER
RT 3 HWY 79 SOUTH
HANNIBAL, MO 63401
EPA ID NO: EPA ID: MOD054078324 MO ID: 004692



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1997 Hazardous Waste Report

FORM
IC

IDENTIFICATION AND
CERTIFICATION

Instructions: Please see the detailed instructions beginning on page 7 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each section is provided below.

Sec. I	Site name and location address. Check the box <input type="checkbox"/> in items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7.		
A. EPA ID No. Same as label <input checked="" type="checkbox"/> or →		B. County Same as label <input checked="" type="checkbox"/> or →	
C. Site/company name Same as label <input checked="" type="checkbox"/> or →		D. Has the site name associated with this EPA ID changed since 1995? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input checked="" type="checkbox"/> or →			
F. City, town, village Same as label <input checked="" type="checkbox"/> or →		G. State Same as label <input checked="" type="checkbox"/> or →	H. Zip Code Same as label <input checked="" type="checkbox"/> or →

Sec. II	Mailing address of site. Instructions page 7.		
A. Is the mailing address the same as the location address? <input checked="" type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input type="checkbox"/> 2 No (CONTINUE TO BOX B)			
B. Number and street name of mailing address			
C. City, town, village		D. State	E. Zip Code

Sec. III	Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instructions page 7.		
A. Last Name Morrissey	First name Collette	M.I. M.	B. Title Enviro. Compliance
C. Telephone Number 817-379-1070			Extension

Sec. IV	"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations." Instructions page 8.		
A. Last Name Whitlock		First name L.	M.I. Tom
B. Title Operations Manager		C. Signature <i>Tom Whitlock</i>	
D. Date of signature 02/16/98 Month Day Year			

BES RCRA data entered
BY *TuCo/gt*
ON *ENTD MAY 14 1998*

QC 873 12/14/98



R00129253

RCRA RECORDS CENTER

Sec. V Generator status. Instructions begin on page 8.

A. 1997 RCRA generator status

(CHECK ONE BOX BELOW)

- ☐ 1 LQG
☐ 2 SQG
☐ 3 CESQG
- } SKIP TO SEC. VI
- ☒ 4 Non-generator (CONTINUE TO BOX B)

B. Reason for not generating

(CHECK ALL THAT APPLY)

- ☐ 1 Never generated
☐ 2 Out of business
☐ 3 Only excluded or delisted waste
☒ 4 Only non-hazardous waste
- ☐ 5 Periodic or occasional generator
☐ 6 Waste minimization activity
☐ 7 Other (SPECIFY IN COMMENTS BOX BELOW)

Sec. VI On-site waste management status. Instructions page 10.

A. Storage subject to RCRA permitting requirements

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B. Treatment, disposal, or recycling subject to RCRA permitting requirements

1

Comments: